

Fill in this information to identify your case:

United States Bankruptcy Court for the:

\_\_\_\_\_ District of \_\_\_\_\_

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**FILED**  
 2019 FEB 25 PM 12:23  
 U.S. BANKRUPTCY  
 DISTRICT OF SOUTH CAROLINA

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

#### About Debtor 2 (Spouse Only in a Joint Case):

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Jane  
 First name  
Elizabeth  
 Middle name  
Murphy  
 Last name  
 \_\_\_\_\_  
 Suffix (Sr., Jr., II, III)

Dennis  
 First name  
John  
 Middle name  
Murphy  
 Last name  
 \_\_\_\_\_  
 Suffix (Sr., Jr., II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names.

\_\_\_\_\_  
 First name  
 \_\_\_\_\_  
 Middle name  
 \_\_\_\_\_  
 Last name  
 \_\_\_\_\_  
 First name  
 \_\_\_\_\_  
 Middle name  
 \_\_\_\_\_  
 Last name

\_\_\_\_\_  
 First name  
 \_\_\_\_\_  
 Middle name  
 \_\_\_\_\_  
 Last name  
 \_\_\_\_\_  
 First name  
 \_\_\_\_\_  
 Middle name  
 \_\_\_\_\_  
 Last name

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 2175  
 OR  
 9 XX - XX - \_\_\_\_\_

XXX - XX - 7671  
 OR  
 9 XX - XX - \_\_\_\_\_

Debtor 1

First Name Middle Name Last Name  
 Jane Elizabeth Murphy

Case number (if known) \_\_\_\_\_

**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and  
 doing business as names

☒ I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

☒ I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

4100A Shipyard  
 Number Street  
 Walk

Myrtle Beach SC  
 City State ZIP Code  
 Horry 29519  
 County

If your mailing address is different from the one  
 above, fill it in here. Note that the court will send  
 any notices to you at this mailing address.

Number Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**If Debtor 2 lives at a different address:**

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

County \_\_\_\_\_

If Debtor 2's mailing address is different from  
 yours, fill it in here. Note that the court will send  
 any notices to this mailing address.

Number Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition,  
 I have lived in this district longer than in any  
 other district.

☐ I have another reason. Explain.  
 (See 28 U.S.C. § 1408.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check one:

☒ Over the last 180 days before filing this petition,  
 I have lived in this district longer than in any  
 other district.

☐ I have another reason. Explain.  
 (See 28 U.S.C. § 1408.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Debtor 1

lane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13**8. How you will pay the fee**

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**☒ No☐ Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**☒ No☐ Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

MM / DD / YYYY

**11. Do you rent your residence?**☐ No.

Go to line 12.

☒ Yes.

Has your landlord obtained an eviction judgment against you?

☒ No.

Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☐ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ No. I am not filing under Chapter 7. Go to line 18.  
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☒ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- ☒ 1-49  
☐ 50-99  
☐ 100-199  
☐ 200-999  
☐ 1,000-5,000  
☐ 5,001-10,000  
☐ 10,001-25,000  
☐ 25,001-50,000  
☐ 50,001-100,000  
☐ More than 100,000

**19. How much do you estimate your assets to be worth?**

- ☐ \$0-\$50,000  
☐ \$50,001-\$100,000  
☒ \$100,001-\$500,000  
☐ \$500,001-\$1 million  
☐ \$1,000,001-\$10 million  
☐ \$10,000,001-\$50 million  
☐ \$50,000,001-\$100 million  
☐ \$100,000,001-\$500 million  
☐ \$500,000,001-\$1 billion  
☐ \$1,000,000,001-\$10 billion  
☐ \$10,000,000,001-\$50 billion  
☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- ☐ \$0-\$50,000  
☐ \$50,001-\$100,000  
☒ \$100,001-\$500,000  
☐ \$500,001-\$1 million  
☐ \$1,000,001-\$10 million  
☐ \$10,000,001-\$50 million  
☐ \$50,000,001-\$100 million  
☐ \$100,000,001-\$500 million  
☐ \$500,000,001-\$1 billion  
☐ \$1,000,000,001-\$10 billion  
☐ \$10,000,000,001-\$50 billion  
☐ More than \$50 billion

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Jane Murphy  
 Signature of Debtor 1

Executed on 1/27/19  
 MM / DD / YYYY

x Dennis Murphy  
 Signature of Debtor 2

Executed on 1/27/19  
 MM / DD / YYYY

Debtor 1

First Name Middle Name Last Name Case number (if known)

Jane Elizabeth Murphy

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No

☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No

☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x Jane Murphy  
Signature of Debtor 1

Date

1/27/19  
MM/DD/YYYY

Contact phone

860.287.4193

Cell phone

same

Email address

jamurf69@gmail.com

x Dominic Murphy  
Signature of Debtor 2

Date

1/27/19  
MM/DD/YYYY

Contact phone

860.204.2950

Cell phone

same

Email address

djmurf59@gmail.com

Fill in this information to identify your case and this filing:

Debtor 1 Jane Elizabeth Murphy  
First Name Middle Name Last Name  
Debtor 2 Dennis John Murphy  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
Case number \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1. 261 Main St  
Street address, if available, or other description

Newington 06111  
City State ZIP Code

Hartford  
County

What is the property? Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 140000  
Current value of the portion you own? \$ 270135

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \_\_\_\_\_  
Current value of the portion you own? \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)



1.3. Street address, if available, or other description

City State ZIP Code

County

**What is the property?** Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$

Current value of the portion you own? \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 270135

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1. Make: 04

Model: chev

Year: Impala

Approximate mileage: 133000

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$

Current value of the portion you own? \$

\$ 900 \$ 900

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: 00

Model: Ford

Year: van

Approximate mileage: 125000

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$

Current value of the portion you own? \$

\$ 1000 \$ 1000

☐ Check if this is community property (see instructions)

Debtor 1

First Name

Middle Name

Last Name

3.3. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$ 1900

Debtor 1

First Name

Middle Name

Last Name

Jane Elizabeth Murphy

Page 11 of 58

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☒ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....2 TVs - 10 yrs old  
laptop, cell phones

\$ 600

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....

everyday clothes

\$ 500

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.....

Everyday jewelry

\$ 300

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No☒ Yes. Describe.....

2 DOGS 2 cats

\$ 0

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 1400

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ YesCash: \$ 50**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:

BB+T\$ 100

17.2. Checking account:

\$

17.3. Savings account:

\$

17.4. Savings account:

\$

17.5. Certificates of deposit:

\$

17.6. Other financial account:

\$

17.7. Other financial account:

\$

17.8. Other financial account:

\$

17.9. Other financial account:

\$

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes

Institution or issuer name:

\$

\$

\$

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.

Name of entity:

% of ownership:

0% %

\$

0% %

\$

0% %

\$

Debtor 1

First Name

Middle Name

Last Name

Document

Page 13 of 33

Case number (if known)

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☐ No☒ Yes.....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

FTZ Enterprises

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 800

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Debtor 1

First Name

Middle Name

Last Name

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific

information about them....

\$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific

information about them....

\$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific

information about them....

\$ \_\_\_\_\_

**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal:

\$ \_\_\_\_\_

State:

\$ \_\_\_\_\_

Local:

\$ \_\_\_\_\_

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....

Alimony:

\$ \_\_\_\_\_

Maintenance:

\$ \_\_\_\_\_

Support:

\$ \_\_\_\_\_

Divorce settlement:

\$ \_\_\_\_\_

Property settlement:

\$ \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

Debtor 1

First Name

Middle Name

Last Name

Jane Elizabeth Murphy  
Page 15 of 53**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ....

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →\$ 950**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**41. Inventory**☒ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe.....

Name of entity:

% of ownership:

%

\$ \_\_\_\_\_

%

\$ \_\_\_\_\_

%

\$ \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here**

\$ \_\_\_\_\_

**Part 6:**

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.

**Current value of the  
portion you own?**

Do not deduct secured claims  
or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

☐ No☐ Yes .....

\$ \_\_\_\_\_



Debtor 1

First Name

Middle Name

Last Name

Document

Page 17 of 58

Case number (if known)

**48. Crops—either growing or harvested**

- ☐ No
- ☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☐ No
- ☐ Yes .....

\$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

- ☐ No
- ☐ Yes .....

\$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

- ☐ No
- ☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →

\$ \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- ☒ No
- ☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here** →\$ 950**Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** →\$ 270135**56. Part 2: Total vehicles, line 5**\$ 1900**57. Part 3: Total personal and household items, line 15**\$ 1400**58. Part 4: Total financial assets, line 36**\$ 950**59. Part 5: Total business-related property, line 45**

\$ \_\_\_\_\_

**60. Part 6: Total farm- and fishing-related property, line 52**

\$ \_\_\_\_\_

**61. Part 7: Total other property not listed, line 54**

+ \$ \_\_\_\_\_

**62. Total personal property. Add lines 56 through 61.** .....\$ 4250 Copy personal property total → + \$ 4250**63. Total of all property on Schedule A/B. Add line 55 + line 62.** .....\$ 274385

Fill in this information to identify your case:

Debtor 1	<u>Jane</u>	<u>Elizabeth</u>	<u>Murphy</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Dennis</u>	<u>John</u>	<u>Murphy</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number _____ (If known)			

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>04 Chev</u> Line from <i>Schedule A/B</i> : <u>3</u>	\$ <u>900</u>	<input type="checkbox"/> \$ <u>90</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>00 Ford</u> Line from <i>Schedule A/B</i> : <u>3.2</u>	\$ <u>1000</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from <i>Schedule A/B</i> : _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1

First Name

Middle Name

Last Name

Jane Elizabeth Murphy

Case number (if known)

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property

Current value of the portion you own

Amount of the exemption you claim

Specific laws that allow exemption

Copy the value from Schedule A/B

Check only one box for each exemption

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Brief description: \_\_\_\_\_

\$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

Line from Schedule A/B: \_\_\_\_\_

☐ 100% of fair market value, up to any applicable statutory limit

Fill in this information to identify your case:

Debtor 1 Jane Elizabeth Murphy  
First Name Middle Name Last Name

Debtor 2 Dennis John Murphy  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1 Wells Fargo  
Creditor's Name  
POB 10335  
Number Street  
50306  
Des Moines IA  
City State ZIP Code

Describe the property that secures the claim:

Home @ 261 Main St

\$220135 \$140000 \$130135

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 11/04

Last 4 digits of account number 6722

2.2  
Creditor's Name  
Number Street  
City State ZIP Code

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ \_\_\_\_\_

Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 1:**

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ \_\_\_\_\_

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ \_\_\_\_\_

Debtor 1

First Name Middle Name Last Name

Case number (if known)

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Jane Elizabeth Murphy  
First Name Middle Name Last Name

Debtor 2 Dennis John Murphy  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 <u>Town of Newington</u> Last 4 digits of account number _____ \$ <u>173.43</u> \$ <u>173.43</u>			
Priority Creditor's Name <u>131 Cedar St</u> Number Street			
When was the debt incurred? _____			
City <u>Newington CT</u> State <u>06111</u> ZIP Code			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

2.2 _____	Last 4 digits of account number _____	\$ _____	\$ _____	\$ _____
Priority Creditor's Name _____	When was the debt incurred? _____			
Number _____ Street _____	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City _____ State _____ ZIP Code _____	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes				

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority  
amountNonpriority  
amount☐

Priority Creditor's Name

Last 4 digits of account number

\$ \$ \$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☐ No  
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number

\$ \$ \$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☐ No  
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number

\$ \$ \$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☐ No  
☐ Yes



**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<b>4.1</b>	<p><u>Calvary Portfolio</u> Nonpriority Creditor's Name <u>500 Summit Lake Dr #400</u> Number Street <u>Valhalla NY 10595</u> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Total claim \$ <u>2232</u>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p>
<b>4.2</b>	<p><u>WNU Funding</u> Nonpriority Creditor's Name <u>POB 1269</u> Number Street <u>Greenville SC 29602</u> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ <u>1923</u>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p>
<b>4.3</b>	<p><u>Midland Funding</u> Nonpriority Creditor's Name <u>2365 Northside Dr 300</u> Number Street <u>San Diego CA 92108</u> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ <u>7317</u>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.4** American Adjustment Bureau Last 4 digits of account number \_\_\_\_\_ \$ 1617

Nonpriority Creditor's Name  
POB 2755

Number Street  
Waterbury CT 06723

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify medical

**4.5** Eastern Account Systems Last 4 digits of account number \_\_\_\_\_ \$ 342

Nonpriority Creditor's Name  
75 Glen Rd Suite 310

Number Street  
Sandy Hook CT 06482

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☒ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

**4.6** Jefferson Capital System Last 4 digits of account number \_\_\_\_\_ \$ 240

Nonpriority Creditor's Name  
116 Mclelland Rd

Number Street  
St Cloud MN 56303

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit card

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
<b>Total claims from Part 1</b>	
6a. Domestic support obligations	6a. \$ 270135
6b. Taxes and certain other debts you owe the government	6b. \$ 0
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 38441.70
6e. Total. Add lines 6a through 6d.	6e. \$ 308576.70

	Total claim
<b>Total claims from Part 2</b>	
6f. Student loans	6f. \$ 0
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 0
6j. Total. Add lines 6f through 6i.	6j. \$ 0

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

4.7 Berlin Wheeler Inc K  
Name  
POB 479  
Number Street

Topeka KS 66601  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_ 164-

4.8 Atlantic Collections  
Name  
POB 730  
Number Street

East Lyme CT 06333  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_ 80-

4.9 IC System  
Name  
POB 64378  
Number Street

Saint Paul mn 55164  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_ 50-

6.0 Amerifinancial solutions  
Name  
POB 16508  
Number Street

Baltimore md 21264  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_ 105-

5.1 Seventh Avenue  
Name  
1112 7th Ave  
Number Street

Monroe WI 53566  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_ 1536-

5.2 Merrick Bank  
Name  
10705 S Jordan Gt  
Number Street

Suite 200  
30 Jordan UT 84095  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_ 1341-

5.3 Portfolio Recovery  
Name  
120 Corporate Blvd  
Number Street

Suite 100  
Norfolk VA 23502  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_ 1328-

- 5.4 Credit Collection Service 163.00  
POB 607 Norwood, MA 02062
- 5.5 Hospital of Central CT 922.96  
100 Grand St 1<sup>st</sup> Floor  
New Britain, CT 06052
- 5.6 Grove Hill Medical Center 1249.17  
292 W main St  
New Britain, CT 06052
- 5.7 Alltran Financial  
POB 610  
Sauk Rapids MN 56379 1923.48
- 5.8 Conway medical center  
POB 744255  
Atlanta, GA 30374 14084.50
- 5.9 MDC  
POB 800  
Hartford, CT 06142 334.74
- 5.10 Emergency Physician Billing  
POB 744247  
Atlanta, GA 30374 686.76

- 5.11 Clinical Pathology Consultants  
POB 1599  
Conway, SC 29528 149.80
- 5.12 Hartford Parking Authority  
POB 863  
Jeffersonville, IN 47131 140-
- 5.13 Convergent Outsourcing  
800 SW 39th St Suite 100  
Renton, WA 98057 175.01
- 5.14 Carolina Radiology  
POB 678904  
Dallas, TX 75267 163.85

Fill in this information to identify your case:

Debtor Jane Elizabeth Murphy  
First Name Middle Name Last Name  
Debtor 2 Dennis John Murphy  
(Spouse if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Jane</u>	<u>Elizabeth</u>	<u>Murphy</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Dennis</u>	<u>John</u>	<u>Murphy</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number (If known) _____			

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse, or legal equivalent

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.1 Dennis John Murphy  
Name  
4100A Shipyard Walk  
Number Street  
Murphy Beach, SC 29579  
City State ZIP Code

3.2 \_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

3.3 \_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code



Fill in this information to identify your case:

Debtor 1 Jane Elizabeth morphy  
First Name Middle Name Last Name

Debtor 2 Dennis John Murphy  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☒ Employed  
☐ Not employed

#### Debtor 2 or non-filing spouse

- ☐ Employed  
☒ Not employed

#### Occupation

Store mgr

#### Employer's name

Variety Wholesalers

#### Employer's address

429 W McIntyre St

Number Street

Number Street

Mullins SC 29574

City State ZIP Code

City State ZIP Code

How long employed there? 7mo.

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

#### 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1 For Debtor 2 or non-filing spouse

2. \$ 3076 \$ \_\_\_\_\_

#### 3. Estimate and list monthly overtime pay.

3. + \$ — + \$ \_\_\_\_\_

#### 4. Calculate gross income. Add line 2 + line 3.

4. \$ 3076 \$ \_\_\_\_\_

Debtor 1

Jane Elizabeth Morgan  
 First Name Middle Name Last Name

Case number (if known)

For Debtor 1

For Debtor 2 or  
non-filing spouse

Copy line 4 here.....→ 4.

\$ 3076

\$

## 5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$ 471

\$

5b. Mandatory contributions for retirement plans

5b. \$

\$

5c. Voluntary contributions for retirement plans

5c. \$

\$

5d. Required repayments of retirement fund loans

5d. \$

\$

5e. Insurance

5e. \$ 487-

\$

5f. Domestic support obligations

5f. \$

\$

5g. Union dues

5g. \$

\$

5h. Other deductions. Specify: \_\_\_\_\_

5h. + \$

+ \$

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$ 958

\$

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 4034

\$

## 8. List all other income regularly received:

8a. Net income from rental property and from operating a business,  
profession, or farm

Attach a statement for each property and business showing gross  
receipts, ordinary and necessary business expenses, and the total  
monthly net income.

8a. \$

\$

8b. Interest and dividends

8b. \$

\$

8c. Family support payments that you, a non-filing spouse, or a dependent  
regularly receive

Include alimony, spousal support, child support, maintenance, divorce  
settlement, and property settlement.

8c. \$

\$

8d. Unemployment compensation

8d. \$

\$

8e. Social Security

8e. \$

\$

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance  
that you receive, such as food stamps (benefits under the Supplemental  
Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f. \$

\$

8g. Pension or retirement income

8g. \$

\$

8h. Other monthly income. Specify: \_\_\_\_\_

8h. + \$

+ \$

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 0

\$

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 4034

\$

\$

## 11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other  
friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. + \$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 4034

Combined  
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.☐ Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Jane Elizabeth Murphy  
First Name Middle Name Last Name  
Debtor 2 Dennis John Murphy  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

# Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Dawn Murphy 23

☐ No  
☒ Yes

Matthew Murphy 21

☒ No  
☐ Yes

☐ No  
☐ Yes

☐ No  
☐ Yes

☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 2713

If not included in line 4:

4a. Real estate taxes

4a. \$ \_\_\_\_\_

4b. Property, homeowner's, or renter's insurance

4b. \$ 37

4c. Home maintenance, repair, and upkeep expenses

4c. \$ \_\_\_\_\_

4d. Homeowner's association or condominium dues

4d. \$ \_\_\_\_\_

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Your expenses**5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ \_\_\_\_\_

6. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ 465

6b. Water, sewer, garbage collection

6b. \$ \_\_\_\_\_

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 350

6d. Other. Specify: \_\_\_\_\_

6d. \$ \_\_\_\_\_

7. **Food and housekeeping supplies**7. \$ 5008. **Childcare and children's education costs**

8. \$ \_\_\_\_\_

9. **Clothing, laundry, and dry cleaning**

9. \$ \_\_\_\_\_

10. **Personal care products and services**10. \$ 3011. **Medical and dental expenses**11. \$ 33612. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 50913. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ \_\_\_\_\_

14. **Charitable contributions and religious donations**

14. \$ \_\_\_\_\_

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ \_\_\_\_\_

15b. Health insurance

15b. \$ \_\_\_\_\_

15c. Vehicle insurance

15c. \$ \_\_\_\_\_

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ \_\_\_\_\_

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ \_\_\_\_\_

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ \_\_\_\_\_

17b. Car payments for Vehicle 2

17b. \$ \_\_\_\_\_

17c. Other. Specify: \_\_\_\_\_

17c. \$ \_\_\_\_\_

17d. Other. Specify: \_\_\_\_\_

17d. \$ \_\_\_\_\_

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18. \$ \_\_\_\_\_

19. **Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ \_\_\_\_\_

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ \_\_\_\_\_

20b. Real estate taxes

20b. \$ \_\_\_\_\_

20c. Property, homeowner's, or renter's insurance

20c. \$ \_\_\_\_\_

20d. Maintenance, repair, and upkeep expenses

20d. \$ \_\_\_\_\_

20e. Homeowner's association or condominium dues

20e. \$ \_\_\_\_\_

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 2190

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2190

## 23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 3076

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 2190

23c. Subtract your monthly expenses from your monthly income.  
 The result is your monthly net income.

23c. \$ 886

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here: Home being foreclosed on so not making that payment  
 Average cost of living raise 2.50%

Fill in this information to identify your case:

Debtor 1 Jane Elizabeth Murphy  
First Name Middle Name Last Name  
Debtor 2 Dennis John Murphy  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married  
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1  
lived there

Debtor 2:

Dates Debtor 2  
lived there

3555 Hwy 544 E From 06/18  
Number Street To 12/18  
Unit 19F  
Conway SC 29526  
City State ZIP Code

☒ Same as Debtor 1

☐ Same as Debtor 1

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

City State ZIP Code

261 Main St From 11/04  
Number Street To 06/18  
Newington CT 06111  
City State ZIP Code

☒ Same as Debtor 1

☐ Same as Debtor 1

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1 Jane Elizabeth Murphy Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
			Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>4615.38</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2018</u> ) <small>YYYY</small>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>17482.92</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2017</u> ) <small>YYYY</small>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>0</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
			\$ <u>0</u>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
			Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
For last calendar year: (January 1 to December 31, _____) <small>YYYY</small>	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
For the calendar year before that: (January 1 to December 31, _____) <small>YYYY</small>	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number _____ Street _____	_____			
City _____ State _____ ZIP Code _____				
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number _____ Street _____	_____			
City _____ State _____ ZIP Code _____				
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number _____ Street _____	_____			
City _____ State _____ ZIP Code _____				



Debtor 1

Jane Elizabeth Murphy  
First Name Middle Name Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No☐ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____	Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		
Case title _____ _____	Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1

Jane Elizabeth Morphy  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount
Creditor's Name _____		
Number _____ Street _____		\$ _____
City _____ State _____ ZIP Code _____		
Last 4 digits of account number: XXXX-____-____-____		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____			\$ _____
Number _____ Street _____			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____			\$ _____
Number _____ Street _____			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities  
that total more than \$600

Describe what you contributed

Date you  
contributed

Value

Charity's Name

\$ \_\_\_\_\_

Number Street

\$ \_\_\_\_\_

City State ZIP Code

### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and  
how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance  
claims on line 33 of *Schedule A/B: Property*.

Date of your  
loss

Value of property lost

\$ \_\_\_\_\_

### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or  
transfer was  
made

Amount of payment

Person Who Was Paid

Number Street

\$ \_\_\_\_\_

City State ZIP Code

\$ \_\_\_\_\_

Email or website address

Person Who Made the Payment, if Not You

Debtor 1

Jane Elizabeth Murphy  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____	_____	\$ _____
Number _____ Street _____	_____	\$ _____
_____		
City _____ State _____ ZIP Code _____		
Email or website address _____		
Person Who Made the Payment, if Not You _____		

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____	_____	\$ _____
Number _____ Street _____	_____	\$ _____
_____		
City _____ State _____ ZIP Code _____		

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer _____		_____
Number _____ Street _____		
_____		
City _____ State _____ ZIP Code _____		
Person's relationship to you _____		
Person Who Received Transfer _____		_____
Number _____ Street _____		
_____		
City _____ State _____ ZIP Code _____		
Person's relationship to you _____		

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution Number Street City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Name of Financial Institution Number Street City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Number Street City State ZIP Code	Name Number Street City State ZIP Code		<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

Jane Elizabeth Murphy  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

		Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility _____		Name _____		<input type="checkbox"/> No
Number Street _____		Number Street _____		<input type="checkbox"/> Yes
City State ZIP Code _____		City State ZIP Code _____		

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

		Where is the property?	Describe the property	Value
Owner's Name _____				\$ _____
Number Street _____		Number Street _____		
City State ZIP Code _____		City State ZIP Code _____		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

		Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____		Governmental unit _____		_____
Number Street _____		Number Street _____		
City State ZIP Code _____		City State ZIP Code _____		

Debtor 1

Jane Elizabeth Murphy  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## 25. Have you notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending
Court Name		<input type="checkbox"/> On appeal
Number Street		<input type="checkbox"/> Concluded
Case number	City State ZIP Code	

**Part 11: Give Details About Your Business or Connections to Any Business**

## 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)☐ A partner in a partnership☐ An officer, director, or managing executive of a corporation☐ An owner of at least 5% of the voting or equity securities of a corporation☐ No. None of the above applies. Go to Part 12.☒ Yes. Check all that apply above and fill in the details below for each business.

For Baby Care  
 Business Name

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

261 Main St  
 Number Street

Pet sitting  
 Name of accountant or bookkeeper

EIN: \_\_\_\_\_

Dates business existed

Newington CT 06111  
 City State ZIP Code

None  
 Name of accountant or bookkeeper

From 12/18/17 To 6/18

Keller Williams  
 Business Name

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

261 Main St  
 Number Street

Realtor  
 Name of accountant or bookkeeper

EIN: \_\_\_\_\_

Dates business existed

Newington CT 06111  
 City State ZIP Code

None  
 Name of accountant or bookkeeper

From 05/17 To 08/18



Debtor 1

Jane Elizabeth Murphy  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Business Name

EIN: \_\_\_\_\_

Number Street

Name of accountant or bookkeeper

Dates business existed

City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

\* Jane E Murphy \* Dennis Murphy  
Signature of Debtor 1 Signature of Debtor 2  
Date 2/11/18 Date 2/11/18

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Required Lists, Schedules, Statements and Fees<sup>1</sup>Most forms referenced in this list can be found on [www.uscourts.gov/forms/bankruptcy-forms](http://www.uscourts.gov/forms/bankruptcy-forms)☐ **Filing fee of \$335.00.**

If the fee is to be paid in installments (**Form B103A Application for Individuals to Pay the Filing Fee in Installments**) or the debtor requests a waiver of the fee (**Form B103B Application to have the Chapter 7 Filing Fee Waived**), the debtor must be an individual and must file a signed application for court approval.

☒ **Voluntary Petition (Forms B101, B101A, B101B, B201).**

Names and addresses of all creditors of the debtor must be filed WITH the petition.

☒ **Certificate of Credit Counseling and Debt Repayment Plan. (Or certification pursuant to 11 USC § 109(h)(3) or a request pursuant to 11 USC § 109(h)(4) - Individual Debtor's Statement of Compliance with Credit Counseling Requirement).**

Required if the debtor is an individual. The Certificate of Credit Counseling and Debt Repayment Plan, if applicable, must be filed as indicated on the Voluntary Petition (B101).

☒ **Your Statement About Your Social Security Numbers (Form B121).**

Required if the debtor is an individual. Must be submitted WITH the petition.

☒ **Schedules.**

All schedules must be filed whether they pertain to your case or not. Must be filed with the petition or within 14 days.

☒ A Summary of Your Assets and Liabilities and Certain Statistical Information(Form B106 Summary *individuals*)☐ A Summary of Your Assets and Liabilities)(Form B206 Summary *non-individuals*)☒ Schedule A/B - Property(Form B106A/B *individuals*; B201A/B *non-individuals*)☒ Schedule C - The Property You Claim as Exempt(Form B106C *individuals*)☒ Schedule D - Creditors Who Hold Claims Secured By Property(Form B106D *against individuals*; B206D *against non-individuals*)☒ Schedule E/F - Creditors Who Have Unsecured Claims(Form B106E/F *against individuals, combines priority and non-priority*)☒ Schedule E/F - Creditors Who Have Unsecured Claims(Form B206E/F *again non-individuals, combines priority and non-priority*)☒ Schedule G - Executory Contracts and Unexpired Leases(Form B106G *individuals*; B206G *non-individuals*)☒ Schedule H - Your CoDebtors(Form B106H *individuals*; B206H *non-individuals*)☒ Schedule I - Your Income(Form B106I *individuals*)☒ Schedule J - Your Expenses

(Form B106J)

☐ Schedule J-2 - Expenses for Separate Household of Debtor 2

(Form B106J-2)

☒ **A Summary of Your Assets and Liabilities and Certain Statistical Information (individuals) (Form B106) -OR- Declaration Under Penalty of Perjury for Non-Individual Debtors (Form B202)**

Must be filed with the petition or within 14 days.

☒ **Your Statement of Financial Affairs for Individuals Filing For Bankruptcy (Form B107)**

Must be filed with the petition or within 14 days.

☐ **Statement of Intention For Individual Filing Under Chapter 7 (Form B108)**

Required **ONLY** if the debtor is an individual and has debts listed on Schedule D (Form B106D). Must be filed within 30 days or by the date for the Section 341 Meeting of Creditors, whichever is earlier.

☒ **Chapter 7 Statement of Your Current Monthly Income, etc. (Forms B122A, B122A-1Supp, B122A-2))**

Required if the debtor is an individual. Must be filed with the petition or within 14 days.

☒ **Schedules of Current Income and Expenditures.**

A Statement disclosing any reasonably anticipated increases in income or expenditures for twelve (12) months following the filing of the petition. A statement may be sufficient or this requirement may be satisfied by completion of both Question 13 on Schedule I and Question 24 on Schedule J (if none, so indicate in the statement or on Schedules I and J.)

☒ **Copies of all payment advices, pay stubs or other evidence of payment received by the debtor from any employer within 60 days before the filing of the petition.**

Required if the debtor is an individual and employed within 60 days of the filing of the petition. Must be filed with the petition or within 14 days.

☒ **Certification About A Financial Management Course (Form B423).**

Required if the debtor is an individual. Must be filed within 45 days of the first date set for the meeting of creditors.

<sup>1</sup> This document is intended to assist with some of the initial case filing requirements particularly as it relates to the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005. This list may not be exhaustive and should not be considered as a replacement for the requirements of the Bankruptcy Code and Federal Rules of Bankruptcy Procedure.



Jane Murphy &lt;jamurf69@gmail.com&gt;

## AccessCounseling - Pre Filing Certificate of Completion for Jane E Murphy

1 message

Access Counseling - Info &lt;info@accesscounselinginc.org&gt;

Fri, Jan 25, 2019 at 8:24 PM

To: jamurf69@gmail.com

January 25, 2019

Dear Jane E Murphy,

Congratulations on the successful completion of your first course, the Pre-filing Bankruptcy Credit Counseling. Please find attached your certificate of completion. If you provided your attorney's email address or fax number, a copy would have been sent to your attorney as well. Please remember that it is your responsibility to make sure that your attorney gets a copy of your certificate.

This e-mail message is also to notify you that there is just one more course you have to complete before your bankruptcy is discharged. It is the second and final course often called the Post-filing/Pre-discharge Debtor Education Course, or simply the Personal Financial Management Instructional Course. Please feel free to speak with your attorney or one of our friendly Client Care Professionals if you are unfamiliar with this 2nd course requirement.

**Access Counseling, Inc. also offers the 2nd course either via telephone or via the Internet. Simply visit our website or call our toll free number to register for your 2nd course.**

Thank you for filling out each section of our on-line counseling course. Here is a summary of the financial information you have provided as well as your counselor's feedback:

Financial problems can happen any time without any warning. You may have lost your job or had an unexpected accident or it could be the result of consistent negative circumstances. It is important that you understand what caused your financial difficulties so you may be more able to overcome them.

### ROOT CAUSE (COUNSELOR'S COMMENTS)

A part time position will bring in extra cash and help improve your cash flow plus give you the opportunity to add to your savings or emergency fund. You may visit CareerOneStop.org They provide electronic tools to assist you with finding employment opportunity, utilizing available training opportunities or conducting career planning. It doesn't cost anything. American Job Centers offers employment and job training services, career planning and guidance and much more. You may visit <https://www.doleta.gov/> for more information.

### YOUR NET WORTH

Your net worth provides a snapshot of your current economic situation. This compares what you own of value (Assets) with what you owe (Liabilities). The more you own of value and the less you owe to others, the higher your net worth. If you have good financial habits your net worth should continue to grow over time. Below are the numbers you entered –

### Statement of Net Worth

ASSETS	VALUE	DEBTS	BALANCE
Cash on Hand	100.00	Mortgage (Home)	0.00
Money in the bank	1000.00	Mortgage (Rental/Vacation Property)	270135.00
Retirement Accounts	0.00	Auto Loan	0.00
Insurance	0.00	Personal Loan	0.00
Home	0.00	Credit Card	2877.00
Rental/Vacation Property(s)	140000.00	Student Loan	0.00
Vehicles	2000.00	Medical Debts	32047.30
Other properties of value	400.00	Tax Debt	0.00

<b>TOTAL ASSETS</b>	143500.00	<b>TOTAL LIABILITIES</b>	305059.30
<b>SUMMARY</b>			
Date	01/25/2019		
TOTAL ASSETS	143500.00		
TOTAL LIABILITIES	305059.30		
NET WORTH	-161559.30		

## YOUR MONTHLY INCOME AND EXPENSES (MONTHLY CASHFLOW)

Your net cash flow will tell you if you are living within your budget or living beyond your means. Below are the numbers you entered –

### Statement of Income and Expenses

<b>INCOME</b>	2100.00	Utilities	465.00
<b>HOUSING</b>		Food	500.00
Rent	850.00	Clothing	50.00
Mortgage	0.00	Healthcare	336.00
Property Tax	0.00	Personal	30.00
Home Insurance	0.00	Savings	0.00
Association Dues	0.00	Entertainment	0.00
Home Security	0.00	Miscellaneous	30.00
<b>TRANSPORTATION&gt;</b>		<b>DEBT PAYMENTS</b>	
Public Transportation	0.00	Credit Card	300.00
Auto Payments	0.00	Personal Loan	0.00
Auto Insurance	209.00	Student Loan	0.00
Gasoline/Fuel	300.00	Alimony	0.00
Parking/Toll	0.00	Child Support	0.00
Maintenance/Other	0.00	Tax Debts	0.00
	<b>SUMMARY</b>	Other Debts	9065.46
INCOME	2100.00	<b>TOTAL EXPENSES</b>	12135.46
LESS TOTAL EXPENSES	12135.46		
MONTHLY CASHFLOW	-10035.46		

## MONTHLY BUDGET GUIDELINES

Carefully study your existing budget and the monthly budget guideline. The guidelines below indicate the portion of your income that should be allocated for your expenses. Please keep in mind that these are rough suggestions.

### COUNSELOR'S BUDGET TIPS

If you are about to lose your home to foreclosure, first consult with your attorney. HUD-approved housing counseling agencies are also available to provide you with the information and assistance you need to avoid foreclosure. As part of the comprehensive Homeowner Affordability and Stability Plan (HASP), you may be eligible for a special Making Home Affordable loan modification or refinance, to reduce your monthly payments and help you keep your home. Their website is <http://www.hud.gov/offices/hsg/sfh/hcc/fc/> MyRatePlan.com and WhistleOut.com are good websites to review and compare mobile phone plans. In their application, you would enter the number of minutes, number of texts and the amount of data you normally use in a typical month, as well as how many phone lines you need. You can also review the results from different plan types such as contract or prepaid, check the pricing from different carriers, and sort the results by price from the lowest to the highest. Check with each of your utility providers to see how to lower your costs. Many utilities are willing to work with you to help lower your costs. For additional ways in economizing on your energy cost, you may visit [www.energystar.gov](http://www.energystar.gov) There is a free tool in their website that will help you assess the energy efficiency of your home to see how it measures up. For up-to-date information about where to find the cheapest gas prices in your neighborhood, go to [www.gasbuddy.com](http://www.gasbuddy.com) They also have a mobile application you may use on your phone as well. If you eat most of your meals in restaurants, you can save a lot of money by eating at home or making your own food and taking it with you. Before filling your prescription, shop around for pricing. Consider looking at prices through your insurance company's mail-order pharmacy, or use websites like [goodrx.com](http://goodrx.com) to compare prices at your local pharmacies. For more information about benefits and assistance programs such as energy assistance and prescription drug assistance, please visit [www.benefitscheckup.org](http://www.benefitscheckup.org). "Benefits Checkup" could be your link to over 1,500 services and online help from government agencies, non-profit organizations, and other partners. Due to the circumstances that led you here, you may

no longer be able to afford your monthly debt payments. It is important to understand that for the recovery of your financial life you must make basic-to-significant changes to your spending habits.

### Monthly Budget Guideline

Monthly Payment Category	Suggested %	Existing Budget (Current Expenditures)	Monthly Budget Guideline	Difference
1. Housing	31%	850.00	651.00	-199.00
2. Savings	5%	0.00	105.00	105.00
3. Utilities	7%	465.00	147.00	-318.00
4. Food	13%	500.00	273.00	-227.00
5. Transportation	10%	509.00	210.00	-299.00
6. Clothing	3%	50.00	63.00	13.00
7. Healthcare	7%	336.00	147.00	-189.00
8. Personal	6%	30.00	126.00	96.00
9. Recreation	5%	0.00	105.00	105.00
10. Miscellaneous	3%	30.00	63.00	33.00
11. Unsecured Debt	10%	9365.46	210.00	-9155.46


#### ALTERNATIVES TO NEGATIVE AMORTIZATION OF DEBT

Some people with unsecured debt choose to work out reduced payment plans directly with the creditors. To contact your creditors use the toll-free phone number on your or statement. If nothing else will help, filing for bankruptcy can give you a fresh start. If other alternatives to dealing with your debt aren't enough bankruptcy is available to you. It is advisable that you speak with an attorney to discuss your options if you are considering bankruptcy. Your attorney can tell you how bankruptcy can eliminate or reduce your debts as well as how a bankruptcy might impact your assets.

Please also feel free to send us an email message or call us anytime.

Sincerely,

Access Counseling, Inc.  
633 W 5th Street, Suite 26001  
Los Angeles, CA 90071

 Murphy, Jane E 15317-SC-CC-032208912.pdf  
54K